



**EARLY INTERVENTION/INFANT LEARNING PROGRAM (EI/ILP)  
ALASKA STATE COMPLAINT FORM**

<b>1. Local EI/ILP</b>		<b>DATE OF COMPLAINT:</b> Complaint date must not be more than one year after the problem occurred.
<b>LOCAL EI/ILP AGENCY NAME</b>	<b>AGENCY ADDRESS</b>	<b>AGENCY PHONE/FAX:</b>
<b>NAME OF PERSON MAKING THE COMPLAINT (PRINT)</b>	<b>ADDRESS</b>	<b>PHONE/FAX:</b>
<b>SIGNATURE OF PERSON/AGENCY MAKING THE COMPLAINT</b>	<b>IF APPLICABLE, CHILD NAMED IN THE COMPLAINT</b>	<b>ADDRESS OF CHILD NAMED IN COMPLAINT</b>
<b>LEGAL REPRESENTATIVE (IF ANY)</b>	<b>ADDRESS</b>	<b>PHONE/FAX NUMBERS</b>

<b>2. NATURE OF THE PROBLEM</b>	See 34 CFR §303.433 and 34 CFR §303.434
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**Describe the problem with the local agency's services, and the specific actions that the EI/ILP agency has taken or refused to take. Include facts about the problem. (Use the other side or include additional sheets.)**

<b>3. PROPOSED SOLUTION</b>
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**Describe what you think needs to be done to solve the problem and what services you would want for the child/family. (Use the other side or include additional sheets.)**

**MAIL TO:**  
**Maureen Harwood, Part C Coordinator**  
**Dept. of Health and Social Services**  
**Division of Seniors and Disabilities**  
**751 Old Richardson Hwy, Suite 100A**  
**Fairbanks, AK 99701-7802**  
**Or fax to: 907-269-3497**  
[maureen.harwood@hss.soa.directak.net](mailto:maureen.harwood@hss.soa.directak.net)  
 Please do not email Protected Health Information to general emails.

**This complaint must remain confidential.**